



TOWN OF BLANDFORD

Zoning Board of Appeals

1 Russell Stage Road
Blandford, MA 01008
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www.townofblandford.com

Zoning Board of Appeals

Kim Bergland
Dale Buchanan

Application for Special Permit or Appeal

Date: _____

Name of Applicant or Appellant: _____

Address: _____

Phone/Email: _____

Location of Property: _____

Applicant is: Owner, tenant, licensee, prospective purchaser (**circle all that apply**)

Nature of application or appeal (write in space below and/or include an attachment to this form upon submission):

Applicable section of Zoning Bylaws (see Town Zoning Bylaws): _____

Date of denial by Building Inspector / Planning Board if applicable: _____

I hereby request a hearing before the Zoning Board of Appeals with reference to the above noted application or appeal.

Signed: _____

Title: _____

Supporting documents and site plans to be attached if applicable.